

Bioregulatory Psychosomatic Bodywork

generating health via the body's own communication system – Dr. Tatyana Bosh

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“The greatest mistake physicians make is that they attempt to cure the body, without attempting to cure the mind; yet the mind and body are all one and should not be treated separately.” Plato

Abstract: Being the oldest form of healing art, massage and bodywork were practiced throughout the human history. Although Eastern and Western manual therapeutic approaches are distinctively different, both are based on healing capacity of human touch. Eastern approach includes variety of disciplines, e.g. **Reflexology, Japanese Shiatsu massage, Ayurvedic massage from India, Chinese Tuina massage or Hawaiian Lomi-Lomi**. Equally, there are many different types of western ‘hands on’ techniques, and some of the most commonly practiced include: **Swedish massage, Californian Esalen massage, Aromatherapeutic massage, Rhythmical Biodynamic Massage** and various usually Anglo-American versions of so called **Holistic Massage**. With the birth of New Age, we are witnessing a renaissance of therapeutic massages and bodywork techniques, where old methods are further refined, while new techniques are continually developing e.g. **Osteopathy, Chiropractic, Rolfing, Bowen technique, Alexander technique, Feldenkrais technique, Polarity Massage or Craniosacral Bodywork**. **Bioregulatory Psychosomatic Bodywork (BPSB)** is one of those manual methodologies that truly deserve their therapeutic status.



All body-centered therapeutic disciplines have the same objective: **to manually regulate homeostatic mechanisms**. Each technique is distinctively different, and favours only a specific aspect of bioregulation. Osteopathy, for example, primarily focuses on realignment of Muscular System, Lymphatic Drainage Massage bioregulates the Lymphatic System, while Shiatsu puts an emphasis on bioenergetic points and meridians. On the other hand, Bioregulatory Psychosomatic Bodywork is a relatively new therapy, formulated by Dr Tatyana Bosh in early nineties, which aims to **facilitate an overall psychosomatic health of an individual**.

Psychosomatic Approach

Bioregulatory Psychosomatic Bodywork integrates variety of massage and bodywork techniques into one unified manual methodology. It is utilised on different therapeutic levels, from stress-release and medical prevention to a profound curative level. BPSB

brings together elements of physiotherapy, osteopathy, chiropractic, Rolfing, shiatsu, bioenergetics, visceral manipulation, lymphatic drainage massage, biofeedback, craniosacral therapy, kinesiology; as well as psychosomatic medicine, EFT, psychotherapy, neuro-linguistic programming, aromatherapy, colour and music therapy. All those therapeutic methodologies are integrated in accordance to parameters of the **psychosomatic therapeutic process**, to simultaneously treat different structural and functional aspects of the bodymind. Since BPSB therapeutically addresses fluids, soft and hard tissues, as well as psychological and bioenergetic phenomena - it **represents all integrated manual methodology of the Bioregulatory Medicine**.

The Medical Art of Listening and Facilitating

The body is a 'communicational device'. It communicates verbally and non-verbally. Verbal communication is in domain of conscious spheres, and it may therefore be either true or false. **Non-verbal communication** is run by subconscious mind, and it is **not capable of lying**.

Non-verbal body language conveys its messaging in different ways, such as: by means of posture, emotional expressions, spontaneous gestures, tics and automatisms; by means of constitutional expressions e.g. skin complexion, or shape, size and proportion of various bodily parts; as well as by expressing different symptoms and signs. It is this non-verbal communication, the true language of the body, which Bioregulatory Psychosomatic Bodywork takes into therapeutic consideration. Dr John Diamond, a well known psychiatrist carried out thousands of tests based on **psycho-motor reflex**, scientifically validating the concept of the non verbal communication. He developed **Behavioural Kinesiology** technique, which practically demonstrates the wholeness of body, mind and spirit as living integration of energy and matter.

Like any form of therapeutic bodywork, BPSB is an art of **listening and facilitating**. Listening implies acknowledgement and understanding of subtle bodily phenomena, e.g. **movements, patterns, rhythms, pulsations, sensations; and tendencies to congestion, spasms and resistances**. Facilitation means assisting the body to release those resistances and blockages present within **bioenergetic networks, fluids, tissues** or **visceral organs; allowing suppressed emotions and feelings to emerge, new insights to get acknowledged, and positive perception to arise**.

Manual Approach to the Bioenergy

Behind hyper or hypo functioning of any affected part of the body or mind, there is always either bioenergetic excess or deficiency. The therapeutic touch for approaching bioenergetic networks has either a sedating or tonifying quality. The first type of pressure is applied when the vital force is excessively concentrated, with consequent **energy stagnation**; while the second one strengthens the vital force in the **energy deficient locations**. Prolonged disturbance in any part of the bioenergetic

system may alter function of a related endocrine gland, which further affects PNEI system, capable of setting up a disease on both physical and the psychological level; where timely recognition and treatment of the bioenergetic imbalances offers an important contribution to both Preventative and Curative Medicine.

Manual Approach to the Bodily Fluids

The quality of the **therapeutic touch for treatment of the fluid system of the body is 'fluid-specific'**. Manual bioregulatory methodologies may engage the flow of the circulating extracellular fluids, including **arterial and venous blood, lymph and cerebrospinal fluid**.

Direct **stimulation of arterial circulation** is achieved by movements that heat up the body, such as **friction**; hence, stimulate arterial vasodilatation in the restricted areas. Apart of increasing **heat**, there are other mechanism for manual assistance and facilitation of the vascular system. **Stroking** for example may additionally liberate peripheral vasoconstriction via **activating parasympathetic system**, which generally assists the flow of both arterial blood and the lymphatic circulation. Although those methods may also enhanced venous circulation, venous stasis is treated in similar manner as the lymphatic stasis. It is particularly important to drain the **jugular vein** along the front edge of the sternocleidomastoid muscle, due to its significance and accessibility.

Another fluid commonly in need for therapeutic facilitation is the **lymph**. Since **physiological process of lymphatic drainage** is based on a gentle and unique **siphoning movement**, it too could be manually assisted and facilitated. The **lymphatic drainage massage** technique helps improving functions of the lymphatic system, being particularly effective in treatment of the **lymphoedema**. The technique follows the direction of lymph flow from the head and extremities toward the cervical, axillary and inguinal lymph nodes. The therapeutic touch is mainly based on applying **effleurage like rhythmical movements in the centripetal direction toward the heart**, and along the anatomical projections of lymphatic vessels; as well as **pumping like movements over the projections of lymph nodes**. It is frequently important to drain the **left subclavian vein, since it is where thoracic duct delivers the lymph into the venous circulation**.

The cerebrospinal fluid (CSF) expresses a **rhythmic, tide-like fluctuation referred to as the longitudinal fluctuation**. Within this physiologically rising and sinking movement of the CSF, there are also other physiological currents flowing around the structures of the brain and spinal cord, similar to currents in the ocean within the movement of the tide. **Longitudinal fluctuation is a normal fluctuation of the healthy cerebrospinal fluid**. The cerebrospinal **fluid tide may be sensed by palpation as a welling up and receding or drawing away of a force**. Conditions such as chronic fatigue or ME are typically associated with very sluggish, congested and stagnant CSF fluctuation that calls for manual facilitation, while conditions such as inflammation or hyperactivity correlate with increased speed of the fluctuation, a disturbance that could easily get

down-modulated by means of the cranio-sacral bodywork. Bioregulation of the cerebrospinal fluid flow has a profound impact on the entire PNEI system.

Manual Approach to the Connective System

Since connective tissue interconnects bodily parts both on micro and macro level, it creates the entire physiological system – the connective system. On micro level, the connective system interlinks all cells of the body, as well as all intracellular structures and organelles. Intracellular connective structures are minute threads known as **microtubules and microfilaments**. On macro level, the connective system interconnects tissues, organs and organ systems; hence those connective structures take various anatomical forms, such as membranes, fascias, tendons or ligaments. The therapeutic intervention **on tissue level** involves bioregulation of the **connective tissue and fascial system**. On **organ level** BPSB approaches organ specific connective structures: **tendons, ligaments, muscular sheath, and visceral protective layers** such as pericardium or pleura. Connective structures that correspond to **level of physiological systems**, such as **dural membranes or peritoneum**, are very complex and need very delicate manual therapeutic interventions.

A system of interconnected connective tissue fibres is frequently just referred as the body **fascia**. The physiological movements of fascial structures are **experienced on gentle palpation** as a distinctive **'gliding sensation'**. **Resistances to normal fascial glide, as well as membranous restrictions, are experienced as micro-movements with a 're-coiling effect'**. The basic manual principle for fascial release is **traction**.

Manual Approach to the Musculo-skeletal System

Muscles can be classified as smooth or striated; voluntary or involuntary; longitudinal or circular; big or small; skeletal or visceral. Yet, regardless of their anatomical or physiological specifications, each muscle has its unique tonus, where muscular dysfunction is always manifested either as **hyper or hypo tonicity**. There are varieties of different manual techniques for restoration of muscular tonicity, and few most commonly practised are: **stroking or effleurage, kneading, friction, tapping, vibration and stretching**. Effleurage is the least invasive stroke, where the therapist makes use of long and sweeping strokes to cover more than just one area of the body usually to **initiate the treatment, warm up** the body, as well as to provide **sense of interconnectedness** of one part of the body to the others. Kneading consists of **intermittent grasping squeezing and releasing movement** that attempts to lift the soft tissue away from the underlying and adjacent structures. Friction is mainly used to warm up the treated area, and to apply shear forces to underlying tissues, particularly at the interface **between two tissue types** e.g., dermis-fascia, fascia-muscle or muscle-bone. Tapottement, tapping or percussion are strokes that are aimed towards **energizing the area being treated, yet at the same time making it loosened and relaxed**. The vibration technique is used to shake up various areas of the body, while traction involves **pulling the peripheral bodily parts** such as head, arms, legs, fingers or toes.

Bony structures have a very definite physiological motion, which is shaped by their relationships with the surrounding tissues. Although certain skeletal maladjustments may still call for osteopathic or chiropractic interventions, a revolution has taken place in manipulative therapy involving a movement away from high velocity/low amplitude thrusts, which is characteristic of most chiropractic and some osteopathic manipulations. The general tendency is moved towards gentler methods of skeletal realignment, hence BPSB is using methods of cranio-sacral therapy, which takes far more account of the soft tissue component.

Sensitive therapist can even detect, explore and manually bioregulate the most intricate relationship between anatomically distant parts, such as, for example, the **relationship between tentorium cerebelli and the respiratory diaphragm, or the relationship between temporal bones and sacroiliac joints**. It is a sad truth that palpatory skills taught at medical schools worldwide not even barely scratch the surface of therapeutic possibilities of human touch.

Somatoemotional Release

Manual bioregulation of the biological terrain **often triggers resurgence of previously entrapped psychological pollution. When suppressed experiences start to surface up, bioregulatory psychosomatic approach shifts from purely somatic work to emotional release techniques, and techniques for cognitive reintegration.** This part of the BPSB is referred to as the **Somato-Emotional Release (SER)**.

Somatoemotional release is the **bodymind response** to the psychosomatic therapeutic intervention. **It is essentially a shift from body to mind; from structured rigidity back to psychological experiences; from potential energy trapped in physical spasm to the kinetic energy of heat, motion or emotion. Somatoemotional release is the core process that restores Health, the process of conversion of matter into energy, the cathartic homeostatic rebalance in action.** Regardless of whether this response of the body and mind manifests as a **gentle and gradual or a sudden and intense process**, somatoemotional release is always based on **undoing, unfolding, releasing and surrendering**.

Tissue Memories

Persistent stress and traumas throughout one's life tend to get 'downgraded' and converted into musculo-connective strain and spasms. The consequent **body armoring therefore becomes a form of tissue memory** that keeps a record of all **unprocessed stressful and traumatic events since prenatal time. Those memories are accessible by means of manual therapeutic approach.** The more defensive armoring is therapeutically released, the more a person is able to surrender suppressed emotions and experiences.

Mechanisms of Somatoemotional Release

Somatoemotional release **usually starts with release of structured resistances of the body**. Those may be experienced as sore, ticklish, sensitive, 'needy', itchy or painful places. Release of structural resistances involves a combination of bodywork techniques needed to liberate an individual-specific Chronic Pattern on Tension and Restriction e.g. combination of acupressure, lymphatic drainage and tendomuscular techniques. BPSB than facilitates somato-psychic leap, by means of applying variety of Somatoemotional Release Techniques. Bioregulatory Psychosomatic Bodywork initiates and maintains this healing process under controlled medical conditions, ensuring that optimal **structural release and psychological resolution take place**. Although the process is always as specific to each person as one's fingerprints; it is possible to describe this **somato-psychic process** in general terms.

SER is usually experienced as combination of **energetic, mechanical and emotional phenomena**. Energetic mechanisms mainly manifest as **local experiences of heat, coldness or pulsations**. Sometimes, the experience may even manifest as a **short-term fever**, in which case **antipyretic drugs are usually contraindicated**, as they would halt this essentially healing process.

Mechanical mechanisms are typically expressed as **automatic and effortless movements of various parts of the body**. They represent conversion of potential energy stored in musculoconnective tissue, into kinetic energy. These movements too are short-lived, and they are **followed by a noticeable sense of liberation**. They may manifest as **shivering, tics, restless legs and similar tonic and clonic muscular responses**. **Sighing, coughing, yawning, burping, hiccupping, cramping or rumbling of the bowels** are the most typical forms of somatic release. Once those spontaneous movements start appearing, it is **important to encourage them, as they represent a mechanical release of stored bodily tension**.

Emotional release manifests as re-experience of emotions previously suppressed and embodied. The person may suddenly **develop impulse to cry, laugh, scream, shout or becomes overwhelmed by fears**. **Those emotions, particularly laughing or sobbing, also help releasing diaphragmatic spasm; as do hiccupping, coughing, yawning, burping or sighing**.

Apart of manual therapeutic approach, such as BPSB, other therapies, even those considered as exclusively psychological or energetic methodologies, like hypnosis or acupuncture - may get equally effectively in inducing a full somatoemotional release. Both somatic and psychological parts of this therapeutic somato-psychic process may get additionally facilitated by use of homeopathic bioregulatory medicines (e.g. New Vistas Nutriceutical combination remedies or Heel's Antihomotoxic remedies), essential oils, crystals, music and colors.

Psychosomatic Reintegration

The process of somatoemotional release usually starts on a physical level and ends up as an increased personal integrity. After successful somatoemotional release, the **original traumatic experience remains in the cognitive memory, but it loses its excessive emotional charge**, since SER prompts psychological resolution to take place.

The old trauma becomes a new opportunity, as an old conflict gets realised in a more meaningful and more bio-economically viable way. Hence, the process of Somatoemotional Release typically ends up **increasing personal awareness** and **improving one's psychological processing.** Heightened personal awareness increases an individual's ability to suspend defensive mechanisms of the ego, which further amplifies inner health resources and shows the way how to grow out of a dis-eased state of the bodymind.

CONCLUSION

The human organism is a hierarchically structured multidimensional system of living energy and matter. Since it functions as an integrated whole, a disruption or resistance that arises within its physical, psychological or energetic reality has immediate repercussions on all aspects of the human living system. Each of those biological realities is equally important for therapeutic intervention, and equally capable of facilitating one's overall psychophysical integrity. By other words, restoring optimal health implies understanding of intricate correlations and biofeedback loops between body, mind and bioenergy. This calls for an interdisciplinary therapeutic approach that transcends medical politics and divisions into different therapies, methodologies and modalities. **Bioregulatory Psychosomatic Bodywork brings together structural, psychological and energetic medical interventions to help releasing and balancing an individual's specific pattern of tension, restriction and disharmony. By facilitating processing of denied and incorporated experiences, Bioregulatory Psychosomatic Bodywork primes patients towards a higher level of psychosomatic integrity, and towards discovering a new sense of personal freedom.**

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